



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.18

Subject: Psychotropic Medication

Supersedes: DCS 20.18, 10/01/98

Local Policy:

Local Procedures:

Training Required: Yes

Applicable Practice Model Standard(s): Yes

Approved by:

Effective date: 10/01/98

Revision date: 04/01/04

Application

To All Department of Children's Services Employees and Contract Providers

Authority: TCA 37-5-106, TCA 33-8-202

Policy

Psychotropic medication for children/youth in and at risk of custody shall be prescribed and administered in accordance with all applicable state and federal laws as well as in keeping with best clinical practices.

Procedures

A. Therapeutic use Psychotropic medication must be used only as one component of a total therapeutic program, and its use must be included in a written treatment plan. Psychotropic medication must not under any circumstances be prescribed or administered for the purposes of program management control, for discipline or punishment reasons, for convenience of staff, or for experimentation or research.

B. Prescription

1. Psychotropic medication may only be prescribed by a physician licensed to practice in Tennessee or by a licensed nurse practitioner. Consultation with a board-certified child/youth and adolescent psychiatrist should be sought for more complex diagnoses or treatment scenarios.

2. Prior to the initial prescription for psychotropic medication, the prescribing practitioner must conduct a comprehensive psychiatric evaluation of the child/youth. This evaluation should follow the criteria mandated by the *American Academy of Child and Adolescent Psychiatry*. The prescription for psychotropic medication must be accompanied by an explanation that includes the need related to the child/youth's mental health diagnosis, potential side effects, as well as risks and benefits of the medication versus not taking the medication. This explanation should be documented on form CS-0629, *Psychotropic Medication Evaluation*. A copy of form CS-0629, *Psychotropic Medication Evaluation* will be kept in the child/youth's case file in addition to the file kept by the health unit nurse.
3. The Department reserves the right to request a second opinion if there is reason to question the prescription of psychotropic medication for a child/youth.

C. Informed Consent

1. No psychotropic medication will be given to a child/youth without proper informed consent obtained. See *DCS Policy 20.24 Informed Consent* for specific procedures to be followed in obtaining informed consent, as well as for exceptions to the parental consent requirement.
2. Every person has the right to receive information regarding prescribed medications. Unless or until parental rights are terminated and subject to the conditions and exceptions set out in *DCS Policy 20.24 Informed Consent*, the Department will make every effort to have parents involved in the treatment decisions for their children.
3. When psychotropic medication is prescribed for a child/youth in custody, the parent(s) will be contacted to sign consent for child/youth under 16 years of age. If the parent is unable or unwilling to sign consent, the Regional Health Unit nurse will be contacted to sign consent for children/youth in foster care, contract agency placements, and DCS Group Homes. The Superintendent (or his/her designee) will sign consent for child/youth under the age of 16 in Youth Development Centers.
4. Children/youth who are 16 years of age and older have special rights with regard to mental health services (including consent for psychotropic medication) under Title 33. These youth can sign their own consents for psychotropic medication related to the treatment of their mental health condition.

D. Administration, storage and disposal

1. All psychotropic medications shall be administered to children/youth in custody with procedures that enforce and enhance the five principles of medication administration (the “five rights”). The “five rights” include the:
 - ◆ Right person,
 - ◆ Right drug,
 - ◆ Right dose,
 - ◆ Right time, and
 - ◆ Right route.
2. All medications shall be administered to children/youth in custody in accordance with applicable state and federal rules and regulations.
3. All psychotropic medication will be stored in secure or locked environments in original labeled containers and will be administered to the child/youth by trained personnel. Medication Administration Records (MAR's) will be kept for each psychotropic medication.
4. Psychotropic medication that is discontinued, expired, unidentifiable, or has a missing or illegible label will not be administered and will be disposed of properly.
5. Refer to *DCS Policy 20.15, Medication Administration, Storage and Disposal* for more specific procedures and requirements to be followed regarding administration, storage and disposal of medication.

E. Monitoring

1. Form *CS-0629, Psychotropic Medication Evaluation* must be completed by the prescribing provider at each medication evaluation visit and faxed to the regional health unit nurse.
2. The Department requires all mental health contracting facilities to utilize the *TN Dept. of Mental Health and Developmental Disabilities (TDMHDD) Best Practice Guidelines for Behavioral Health Services for Children and Adolescents* when making treatment decisions, including the prescribing of psychotropic medication, for children/youth in custody.
3. The Department will utilize the *DCS Medication Monitoring Guidelines* to ensure that psychotropic medications being prescribed for children/youth in care are done so in a safe and appropriate manner. Regional Health Unit nurses will monitor the psychotropic medications children/youth in care

are prescribed, and cases that fall outside these guidelines will be referred to a psychiatric consultant for further review.

F. Tracking

1. The Department will track the use of psychotropic medication for children/youth in care. DCS requires case managers and contract agency personnel to notify the Regional Health Unit nurse of all psychotropic medications prescribed, all dosage changes, and discontinuation of psychotropic medication for all children/youth in custody.
2. Upon consenting for child/youth to take psychotropic medication or upon learning that parental consent has been obtained, the Regional Health Unit nurse (or designee) will enter the psychotropic medication information into a spreadsheet in TN Kids. Upon each change in medication, the nurse or designee will update the tracking spreadsheet/medical module of TN Kids.
3. Regional Health Unit nurses will request copies of each contract agency's logs of psychotropic medication for review. All logs will be submitted to the DCS Director of Medical and Behavioral Services quarterly for review.

G. Medication errors

1. Medication errors will be tracked and quantified as part of the continuous quality improvement program of the Department in order to ensure that children/youth in custody is receiving the best care possible.
2. Medication errors will be analyzed in terms of the type of error (e.g., wrong dose, omission, wrong time, etc.) as well as the severity of the error. The Department has adopted categories of medication errors from the American Journal of Hospital Pharmacy. See [DCS Policy 20.59 Medication Error/Omission Management Guidelines](#) for further information.
3. All medication errors will be reported to the Department in accordance with the reporting of serious incidents. They will be reported on a serious incident form and submitted to the home county case manager, regional resource management, central office incident management, and the division of medical and behavioral services.

H. Emergency use of psychotropic medication

In the event of a psychiatric emergency, when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others, an emergency one-time-dose of a psychotropic medication may be administered without the child/youth's consent.

1. This decision shall be based on the professional judgment of the psychiatrist and to treat the child/youth's underlying psychiatric disorder and not for immobilization.
2. Documentation of the need for emergency medication must be made in the child/youth's health record.
3. Informed consent is not needed prior to the one-time dose of emergency psychotropic medication, but its use must be reported to the DCS home county case manager, parents, and DCS central office quality assurance.
4. The DCS division of medical and behavioral services will review each incidence of the emergency use of psychotropic medication.
5. The emergency use of psychotropic medication will be allowed only for those children/youth placed in a mental health facility pursuant to mental health statutes of Tennessee. All *Joint Commission on Accreditation of Health Care Organizations* (JCAHO) standards and procedures must be met for the administration of the emergency dose of medication as well as for monitoring and reporting.
6. Any time emergency psychotropic medication is used more than once in a 24-hour period, the provider must notify the DCS Director of Medical and Behavioral Services or designee.
7. See *DCS Policy 20.21, Emergency and PRN Use of Psychotropic Medication* for more specific procedures and requirements.

**I. PRN use of
psychotropic
medication**

1. Psychotropic medications used on a PRN basis will be allowed only to treat a child/youth's psychiatric condition and not for behavioral control, discipline, coercion, or for convenience of staff.
2. The use of PRN psychotropic medications will be allowed only after prior authorization from the Department has been obtained. No standing orders for PRN psychotropic medications will be permitted.
 - a) The provider must submit a prior authorization request using form *CS-0628, Request for Prior Approval of PRN Psychotropic Medication* to the regional health unit nurse

that clearly specifies the conditions for the use of the PRN psychotropic medication. The provider must document:

- ◆ Why the PRN medication is necessary,
 - ◆ The psychiatric symptoms it will treat,
 - ◆ Other behavioral interventions being used,
 - ◆ All other medications prescribed for the child/youth,
 - ◆ The **limited time period** (not to exceed 14 days) for which the PRN medication will be used, and
 - ◆ The anticipated frequency of use.
- b) Once the regional health unit reviews the request, he/she will forward it to the DCS central office for approval by the Director of Medical and Behavioral Services.
- c) Informed consent (per *DCS policy 20.24, Informed Consent*) is required for the use of PRN psychotropic medication. If the parent provides consent for the PRN medication, the provider must still obtain authorization from DCS and inform DCS every time it is used.
- d) If the initial approved time frame for the PRN medication is coming to an end and the provider determines that the use of PRN psychotropic medication continues to be necessary, the initial request for authorization must be renewed. Clear documentation of the continued need for the use of PRN psychotropic medication must be made by the provider.
3. After authorization is obtained to use a PRN psychotropic medication, the provider must notify DCS in accordance with *DCS Policy 1.4 Incident Reporting* each time the PRN medication is given. The Division of Medical and Behavioral Services in central office will review each instance of the use of PRN psychotropic medication within twenty-four (24) hours of notification. Additionally, the use of PRN psychotropic medication will be evaluated each time a provider is audited or visited by Quality Assurance.

Forms

CS-0628	Request for Prior Approval of PRN Psychotropic Medication
CS-0629	Psychotropic Medication Evaluation

Collateral Documents

Dept. of Children's Services "Standards of Professional Practice For Serving Children and Families: A Model of Practice

TN Dept. of Mental Health and Developmental Disabilities (TDMHDD) Best Practice Guidelines for Behavioral Health Services for Children and Adolescents

Dept. of Children's Services Medication Monitoring Guidelines

Standards

ACA 3-JTS-4C-20

DCS Model of Practice Standard -2-602

DCS Model of Practice Standard -7-100A

DCS Model of Practice Standard -7-101A

DCS Model of Practice Standard -7-120C

DCS Model of Practice Standard -7-121C

DCS Model of Practice Standard -7-122D

DCS Model of Practice Standard -7-125D

DCS Model of Practice Standard -7-127D

DCS Model of Practice Standard -7-200A

DCS Model of Practice Standard -7-207B

DCS Model of Practice Standard -7-208B

DCS Model of Practice Standard -7-209B

DCS Model of Practice Standard -7-210B

DCS Model of Practice Standard -7-211B

DCS Model of Practice Standard -7-212B

DCS Model of Practice Standard -7-213B

DCS Model of Practice Standard -7-214B

DCS Model of Practice Standard – 8-306

Glossary

<i>Term</i>	<i>Definition</i>
<i>Informed Consent</i>	Informed consent is the right of every patient to have information regarding prescribed tests or treatments, including all risks related to the tests or treatment and all benefits of the tests or treatments. The patient has a right to sufficient information to allow the patient to make an informed decision about whether to consent to the treatment or tests.

Medication Error	A medication error occurs when a prescribed medication (substance) is not administered according to physician's orders (e.g., missed dose, dose administered at wrong time or day, medication given to wrong individual, etc.).
PRN	PRN is the abbreviation for the Latin <i>pro rae nata</i> , which means, "use as needed or according to circumstances".
Psychotropic Medication	A drug which exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity. Psychotropic medications include, but are not limited to: anti-psychotics; antidepressants; agents for control of mania and depression; anti-anxiety agents; psychomotor stimulants and hypnotics.
Joint Commission on Accreditation of health Care Organizations (JCAHO)	The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care. Since 1951, JCAHO has developed state-of-the-art, professionally based standards and evaluated the compliance of health care organizations against these benchmarks.